#### FORM RF-3

Change in Company's premium or rate level produced by rate revision effective <u>03/1/2014</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	•	- '
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety	-	
8. Boiler and Machinery	<del></del>	
9. Fire	<del></del>	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		·
13. Commercial Multi-Peril		
Crop Hail     Workers Compensation	\$ 134,730,989	-4.1%
16. Other	\$ 134,730,989	-4.176
Line of Insurance		
Line of insurance		
Does filing only apply to certain territory (territories) or certain cl	asses? If so, specify <u>No</u>	
Brief description of filing (if filing follows rates of an advisory org (Adopt 1/1/14 Advisory Rates)	anization, specify organizati	on) See Filing Memorandum:

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

ACE AMERICAN INSURANCE COMPANY Name of Company

John Fogleboch – WC Compliance Analyst
Official — Title

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>03/1/2014</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	` ,	,
Private Passenger		•
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		<del></del>
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$ 286,273	-4.1%
16. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain  Brief description of filing (if filing follows rates of an advisory of (Adopt 1/1/14 Advisory Rates)		ion) See Filing Memorandum;

ACE FIRE UNDERWRITERS INSURANCE COMPANY Name of Company

<u>John Fogleboch – WC Compliance Analyst</u> Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>03/1/2014</u>.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or –)**
1. Automobile Liability	` ,	• , ,
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		<del>-</del>
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		<del></del>
13. Commercial Multi-Peril		
14. Crop Hāil		
15. Workers Compensation	\$ 1,005,890	-4.1%
16. Other	4 1,000,000	
Line of Insurance		
Does filing only apply to certain territory (territories) or certain class of the control of the certain class of the certain of the certain class of the ce		tion) See Filing Memorandum;

ACE PROPERTY & CASUALTY INSURANCE COMPANY Name of Company

<u>John Fogleboch – WC Compliance Analyst</u> Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

## **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Company's premium or rate le	vel produced by rate revision effective	01/01/2014
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
<ol> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> <li>Homeowners</li> <li>Commercial Multi-Peril</li> <li>Crop Hail</li> <li>Other Workers Compensation         <ul> <li>Line of Insurance</li> </ul> </li> </ol>	1,116,715 territories) or certain classes? If so, specify	-4.5
*Adjusted to reflect all prior rate changes	hich will result from application of new rates ACIG	

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	el produced by rate revision effective	3/1/2014
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	<del></del>	
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
	Crop Hail	`	
	Other Workers' Compensation	\$977,175	-1.20%
	Line of Insurance		
Doe	es filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	Yes, we are adding class 8742
	e surcharged list of Loss Cost Multipliers.		
	-		
Brie	ef description of filing. (If filing follows ra	ates of an advisory organization, specify orga	nization): We are adopting
the N	NCCI loss costs IL-2013-03 effective March 1, 2	014, and revising our Loss Cost Mulitpliers.	
*Ad	justed to reflect all prior rate changes.		
**C	hange in Company's premium level wh	ich will result from application of new rates.	
		Addison	Insurance Company
		Nar	me of Company
		Allen R. Sorensen	n, VP - Corporate Underwriting
			Official – Title

1.

2

3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.

specify:

Organization, specify

organization):

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

#### FORM (RF-3)

#### **SUMMARY SHEET**

| (1)                          | (2)<br>Annual Premium | (3)<br>Percent     |
|------------------------------|-----------------------|--------------------|
| Coverage                     | Volume (Illinois) *   | _ Change (+or-) ** |
| Automobile Liability Private |                       |                    |
| Passenger                    |                       |                    |
| Commercial                   |                       |                    |
| Automobile Physical Damag    |                       |                    |
| Private Passenger            |                       |                    |
| Commercial                   |                       |                    |
| Liability Other Than Auto    |                       |                    |
| Burglary and Theft           |                       |                    |
| Glass                        |                       |                    |
| Fidelity                     |                       |                    |
| Surety                       |                       |                    |
| Boiler and Machinery         |                       |                    |
| Fire                         |                       |                    |
| Extended Coverage            |                       |                    |
| Inland Marine                |                       |                    |
| Homeowners                   |                       |                    |
| Commercial Multi-Peril       |                       |                    |
| Crop Hail                    |                       |                    |
| Other Workers Compensation   | \$16,839              | -5.8%              |
| Life of Insurance            |                       |                    |

\*Adjusted to reflect all prior rate changes.

No

Brief description of filing. (If filing follows rates of an advisory

Allied Eastern Indemnity Company

NCCI advisory loss costs and rating values.

Name of Company

Richard W. Irons - Product Manager

Official - Title

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| (1)<br><u>Coverage</u>                                     | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u> |
|--|--|--|
| Automobile Liability Private                               |  |  |
| Passenger Commercial                                       |  |  |
| 2. Automobile Physical Damage<br>Private Passenger Commerc | al   |  |
| 3. Liability Other Than Auto                               |  |  |
| 4. Burglary and Theft                                      |  |  |
| 5. Glass   |  |  |
| 6. Fidelity  |  |  |
| 7. Surety  |  |  |
| 8. Boiler and Machinery                                    |  |  |
| 9. Fire  |  |  |
| 10. Extended Coverage                                      |  |  |
| 11. Inland Marine  |  |  |
| 12. Homeowners   |  |  |
| 13. Commercial Multi-Peril                                 |  |  |
| 14. Crop Hail  |  |  |
| 15. Other Workers Compensation                             | 9,774,096  | -4.9%                                      |
| Line of Insurance  |  |  |
| Does filing only apply to certain territo                  | ry (territories) or certain classes? If so, specify: |  |
| Pertains to industrial class codes                         |  |  |
|  | ws rates of an advisory organization, specify orga   | anization):                                |
| Filing to adopt NCCI loss costs effective 1/1/201          | 4  |  |
|  |  |  |
| *Adjusted to reflect all prior rate chang                  | ges.   |  |
|  | l which will result from application of new rates.   |  |
|  | American Altern                                      | ative Insurance Corporation                |
|  |  | ne of Company                              |
|  | Michelle Fre   | itag, Consulting Actuary                   |
|  |  | Official - Title                           |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Ch    | ange in Company's premium or rate lev   | vel produced by rate revision effective                                    | 1/1/2014                                   |
|-------|---|--|--|
|       | (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>                         | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| 1.    | Automobile Liability Private  |  |  |
|       | Passenger Commercial  |  |  |
| 2.    | Automobile Physical Damage  |  |  |
|       | Private Passenger Commercial  |  |  |
| 3.    | Liability Other Than Auto   |  |  |
| 4.    | Burglary and Theft  |  |  |
| 5.    | Glass   |  |  |
| 6.    | Fidelity  |  |  |
| 7.    | Surety  |  |  |
| 8.    | Boiler and Machinery  |  |  |
| 9.    | Fire  |  |  |
|       | Extended Coverage   |  |  |
| 11.   | Inland Marine   |  |  |
| . — . | Homeowners  |  |  |
|       | Commercial Multi-Peril  |  |  |
|       | Crop Hail   |  |  |
| 15.   | Other Workers' Compensation   | 2,396,629  | -6.9%                                      |
|       | Line of Insurance   |  |  |
|       |   | erritories) or certain classes? If so, spec                                |  |
|       | ef description of filing. (If filing follows raption of NCCI advisory loss costs and rating values. | ates of an advisory organization, specify<br>ues effective January 1, 2014 | organization):                             |
|       | justed to reflect all prior rate changes.<br>hange in Company's premium level wh                    | ich will result from application of new ra                                 | tes.                                       |
|       |   |  |  |
|       |   | American Guarantee an  | d Liability Insurance Company              |
|       |   |  | Name of Company                            |
|       |   | Gary E. Shook, Vice Pre  | esident and Chief Pricing Actuary          |
|       |   |  | Official – Title                           |

#### FORM (RF-3)

#### **SUMMARY SHEET**

| Change in Company's premium | or rate level | produced b | y rate revision |
|-----------------------------|---------------|------------|-----------------|
| effective January 1, 2014   |               |            |                 |

|    | (1)  | (2) Annual Premium                  | (3) Percent                            |
|----|--|-------------------------------------|--|
|    | Coverage   | Volume (Illinois) *                 | Change (+or-) **                       |
| 1. | Automobile Liability Private                         |                                     |  |
|    | Passenger  |                                     |  |
|    | Commercial   |                                     |  |
| 2  | Automobile Physical Damage                           |                                     |  |
|    | Private Passenger                                    |                                     |  |
|    | Commercial   |                                     |  |
| 3. | Liability Other Than Auto                            |                                     |  |
| 4. | Burglary and Theft                                   |                                     |  |
| 5. | Glass  |                                     |  |
| 6. | Fidelity   |                                     |  |
| 7. | Surety   |                                     |  |
| 8. | Boiler and Machinery                                 |                                     |  |
|    | Fire   |                                     |  |
|    | Extended Coverage                                    |                                     |  |
|    | Inland Marine  |                                     |  |
|    | Homeowners   |                                     | <del></del>                            |
|    | Commercial Multi-Peril                               |                                     |  |
|    | Crop Hail  |                                     |  |
|    | Other Workers' Compensation                          | \$ 18,944,884                       | -7.6 % on our book of business         |
|    | Line of Insurance                                    |                                     |  |
|    |  |                                     |  |
|    | Does filing only apply to certa                      | nin territory (territories) or      | certain                                |
|    | Classes? If so,                                      |                                     | •                                      |
|    | specify: No  |                                     |  |
|    |  |                                     |  |
|    | Brief description of filing. (If f                   | iling follows rates of an a         | dvisory                                |
|    | Organization, specify                                |                                     |  |
|    | organization):                                       |                                     | NCCI Advisory Loss Costs with an       |
|    | effective date of January 1, 2014 to be              | effective for all new and renewal p | policies on and after January 1, 2014. |
|    |  |                                     |  |
|    | <ul> <li>Adjusted to reflect all prior ra</li> </ul> |                                     |  |
|    | **Change in Company's pren                           | nium level which will resu          | Ilt from application of new            |
|    | rates  |                                     |  |

American Interstate Insurance Company, NAIC #31895

Name of Company

Kathy Wells, Regulatory Manager, Regulatory Filings

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Ch    | ange in Company's premium or rate leve   | el produced by rate revision effective             | 01-01-2014 20%                             |
|-------|--|--|--|
|       | (1)<br>Coverage  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |
|       | <u>Coverage</u>  | volume (minois)                                    | Change (+ or -)                            |
| 1.    | Automobile Liability Private Passenger Commercial                                  |  |  |
| 2.    | Automobile Physical Damage Private Passenger Commercial                            |  |  |
| 3.    | Liability Other Than Auto  |  |  |
| 4.    | Burglary and Theft   |  |  |
| 5.    | Glass  |  |  |
| 6.    | Fidelity   |  |  |
| 7.    | Surety   |  |  |
| 8.    | Boiler and Machinery   |  |  |
| 9.    | Fire   |  |  |
|       | Extended Coverage  |  |  |
| 11.   | Inland Marine  |  |  |
|       | Homeowners   |  |  |
| 13.   | Commercial Multi-Peril   |  |  |
| 14.   | Crop Hail  |  |  |
| 15.   | Other Workers Compensation   | 133,005  | -9.2%                                      |
|       | Line of Insurance  |  |  |
|       | es filing only apply to certain territory (te<br>ains to industrial dass codes     | rritories) or certain classes? If so, spec         | cify:                                      |
|       | ef description of filing. (If filing follows ra                                    | tes of an advisory organization, specify           | organization):                             |
| Filin | g to adopt NCCI loss costs effective 1/1/2014                                      |  |  |
|       |  |  |  |
|       | ljusted to reflect all prior rate changes.<br>hange in Company's premium level whi | ch will result from application of new ra          | ates.                                      |
|       |  |  |  |
|       |  | American   | Modern Home Insurance Company              |
|       |  |  | Name of Company                            |
|       |  | Miche  | elle Freitag, Consulting Actuary           |
|       |  |  | Official – Title                           |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| One   | ange in Company's premium or rate lev                   | el produced by rate revision effective 1/1/20<br>(2) Annual Premium | (3)<br>Percent            |
|-------|---|---|---------------------------|
|       | Coverage  | Volume (Illinois)*  | Change (+ or -)**         |
| 1.    | Automobile Liability Private                            |   |                           |
| _     | Passenger Commercial                                    |   |                           |
| 2.    | Automobile Physical Damage Private Passenger Commercial |   |                           |
| 3.    | Liability Other Than Auto                               |   |                           |
| 4.    | Burglary and Theft                                      |   |                           |
| 5.    | Glass   |   |                           |
| 6.    | Fidelity  |   |                           |
| 7.    | Surety  |   |                           |
| 8.    | Boiler and Machinery                                    |   |                           |
| 9.    | Fire  |   |                           |
| 10.   | Extended Coverage                                       |   |                           |
| 11.   | Inland Marine   |   |                           |
| 12.   | Homeowners  |   |                           |
| 13.   | Commercial Multi-Peril                                  |   |                           |
| 14.   | Crop Hail   |   |                           |
| 15.   | Other Workers' Compensation                             | 4,983,837   | -9.3%                     |
|       | Line of Insurance                                       |   |                           |
|       |   |   |                           |
| Doe   | es filing only apply to certain territory (to           | erritories) or certain classes? If so, specify:                     | N/A                       |
|       | 6 1 1 1 6 6 1 1 1 6 6 1 1 1 1 1 1 1 1 1                 |   | -:                        |
|       |   | ates of an advisory organization, specify organ                     | nization):                |
| Adop  | otion of NCCI advisory loss costs and rating valu       | les effective January 1, 2014                                       |                           |
|       |   |   |                           |
| * \ \ | justed to reflect all prior rate changes.               |   |                           |
|       |   | ich will result from application of new rates.                      |                           |
|       |   | American Zurich Insurance Co  | mpany                     |
|       |   |   | ne of Company             |
|       |   | Gary E. Shook, Vice President                                       | and Chief Pricing Actuary |
|       |   |   | official – Title          |

|                    | (1)   | (2)<br>Annual Premium   | (3)<br>Percent                     |
|--------------------|---|---|------------------------------------|
|                    | <u>Coverage</u>   | Volume (Illinois)*  | Change ( + or -)*                  |
|                    | Automobile Liability  |   |                                    |
| •                  | Private Passenger   |   |                                    |
|                    | Commercial  | ···   |                                    |
|                    | Automobile Physical Damage  |   |                                    |
| •                  | Private Passenger   |   |                                    |
|                    | Commercial  |   |                                    |
|                    | Liability Other Than Auto   |   |                                    |
|                    | Burglary and Theft  |   |                                    |
|                    | Glass   |   |                                    |
|                    | Fidelity  |   |                                    |
|                    | Surety  |   |                                    |
|                    | Boiler and Machinery  |   |                                    |
| ·•<br>·•           | Fire  |   |                                    |
| O.                 | Extended Coverage   |   |                                    |
| 0.<br>1.           | Inland Marine   |   |                                    |
| 1.<br>2.           | Homeowners  |   |                                    |
| 2.<br>3.           | Commercial Multi-Peril  |   |                                    |
| ა.<br>4.           | Crop Hail   |   |                                    |
| 4.<br>5.           | Other 16.0 - Workers Compens  | sation \$12,751,887   | -5.80%                             |
| ٥.                 | Line of Insurance   | <u> </u>  |                                    |
| - 01               | s Filing only apply to certain territor   |   |                                    |
| las<br>rie         | ses? If so, specify:  No  description of filing. (If filing follow nization, specify organization):   |   | mpensation                         |
| rie                | ses? If so, specify: No  description of filing. (If filing follow   | ws rates of an advisory  Adoption of NCCI's Workers Co  | mpensation                         |
| las<br>rie<br>rga  | ses? If so, specify: No  description of filing. (If filing follow   | ws rates of an advisory Adoption of NCCI's Workers Co Loss Costs Revision  hanges. evel which will                          | mpensation                         |
| rie                | description of filing. (If filing follow nization, specify organization):  Adjusted to reflect all prior rate check the Change in Company's premium leads | vs rates of an advisory  Adoption of NCCI's Workers Co  Loss Costs Revision  hanges. evel which will es.                    |                                    |
| las<br>Brie<br>rga | description of filing. (If filing follow nization, specify organization):  Adjusted to reflect all prior rate check the Change in Company's premium leads | vs rates of an advisory  Adoption of NCCI's Workers Col Loss Costs Revision  hanges. evel which will es.  Arch Insura       | mpensation  ance Company f Company |
| las<br>rie<br>rga  | description of filing. (If filing follow nization, specify organization):  Adjusted to reflect all prior rate check the Change in Company's premium leads | ws rates of an advisory Adoption of NCCI's Workers Co Loss Costs Revision  hanges. evel which will es.  Arch Insura Name of | ance Company<br>f Company          |
| rie                | description of filing. (If filing follow nization, specify organization):  Adjusted to reflect all prior rate check the Change in Company's premium leads | ws rates of an advisory Adoption of NCCI's Workers Co Loss Costs Revision  hanges. evel which will es.  Arch Insura Name of | ance Company                       |

## FORM (RF-3)

#### **SUMMARY SHEET**

| (1)                              | (2)<br>Annual Premium                 | (3)<br>Percent                    |
|----------------------------------|---------------------------------------|-----------------------------------|
| Coverage                         | <ul><li>Volume (Illinois) *</li></ul> | Change (+or-) **                  |
| Automobile Liability Private     |                                       |                                   |
| Passenger                        |                                       |                                   |
| Commercial                       |                                       |                                   |
| Automobile Physical Damag        |                                       |                                   |
| Private Passenger                |                                       |                                   |
| Commercial                       |                                       |                                   |
| Liability Other Than Auto        |                                       |                                   |
| Burglary and Theft               |                                       |                                   |
| Glass                            |                                       |                                   |
| Fidelity                         |                                       |                                   |
| Surety                           |                                       |                                   |
| Boiler and Machinery             |                                       |                                   |
| Fire                             |                                       |                                   |
| Extended Coverage                |                                       |                                   |
| Inland Marine                    |                                       |                                   |
| Homeowners                       |                                       |                                   |
| Commercial Multi-Peril           |                                       |                                   |
| Crop Hail                        |                                       |                                   |
| Other Workers' Compensation      | 1,644,764                             | - 4.5%                            |
| Line of Insurance                |                                       |                                   |
| Does filing only apply to cert   | ain territory (territories) or        | certain                           |
| Classes? If so,                  | an terniory (terniories) or           | Contain                           |
| specify: No No                   |                                       |                                   |
| <u></u>                          |                                       |                                   |
| Brief description of filing. (If | filing follows rates of an ac         | dvisorv                           |
| Organization, specify            | g .eee .e.ee                          | ,                                 |
| organization):                   | NCCI-Voluntary Market- Adv            | visory Rates and Rating Values Ac |
| ,                                |                                       |                                   |
|                                  |                                       |                                   |

Badger Mutual Insurance Company

Name of Company
Terry Falls - Workers' Compensation Coordinator

Official - Title

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>03/1/2014</u>.

| (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or –)** |
|--|---|-------------------------------------|
| 1. Automobile Liability  | , ,   | • ,                                 |
| Private Passenger  |   |                                     |
| Commercial   |   |                                     |
| 2. Automobile Physical Damage  |   |                                     |
| Private Passenger  |   |                                     |
| Commercial   |   |                                     |
| 3. Liability Other than Auto   |   |                                     |
| 4. Burglary and Theft  |   |                                     |
| 5. Glass   |   |                                     |
| 6. Fidelity  |   |                                     |
| 7. Surety  |   |                                     |
| 8. Boiler and Machinery  |   |                                     |
| 9. Fire  |   |                                     |
| 10. Extended Coverage  |   |                                     |
| 11. Inland Marine  |   |                                     |
| 12. Homeowners   |   |                                     |
| 13. Commercial Multi-Peril   |   |                                     |
| 14. Crop Hail  |   |                                     |
| 15. Workers Compensation   | \$ 357,962                                  | -4.1%                               |
| 16. Other  |   |                                     |
| Line of Insurance  |   |                                     |
| Does filing only apply to certain territory (territories) or certain classified description of filing (if filing follows rates of an advisory organization (Adopt 1/1/14 Advisory Rates) |   | tion) See Filing Memorandum;        |
|  |   |                                     |

BANKERS STANDARD INSURANCE COMPANY
Name of Company

<u>John Fogleboch – WC Compliance Analyst</u> Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

# FORM (RF-3)

| Change in Company's premium or ra      | te level produced by rate revision |
|--|------------------------------------|
| effective 01/01/2014 (new and renewal) |                                    |

| (1)   | (2) Annual Premium                                   | (3) Percent Change (+or ) **          |
|---|--|---------------------------------------|
| Coverage  | - Volume (Illinois) *                                | Change (+or-) **                      |
| Automobile Liability Priva  | ate  |                                       |
| Passenger   |  |                                       |
| Commercial  |  |                                       |
| Automobile Physical Dar   | nag  | _                                     |
| Private Passenger   |  | · · · · · · · · · · · · · · · · · · · |
| Commercial  |  |                                       |
| Liability Other Than Auto   | ·  |                                       |
| Burglary and Theft  |  |                                       |
| Glass   |  |                                       |
| Fidelity  |  |                                       |
| Surety  | <u> </u>   |                                       |
| Boiler and Machinery  |  |                                       |
| Fire  |  |                                       |
| Extended Coverage   |  |                                       |
| Inland Marine   |  |                                       |
| Homeowners  |  |                                       |
| Commercial Multi-Peril  |  |                                       |
| Crop Hail   | <del></del>  |                                       |
| Other Workers Compensation  | 535,588  | -6.1%                                 |
| Life of Insurance   |  |                                       |
| Classes? If so,   | certain territory (territories) or                   | certain                               |
| specify: No   | o-Applies to all WC Classes                          |                                       |
| Brief description of filing. Organization, specify organization): | (If filing follows rates of an a                     | advisory                              |
| organization).  |  |                                       |
|   |  |                                       |
| *Adjusted to reflect all pr **Change in Company's                 | ior rate changes.<br>premium level which will resu   | ılt from application of new           |
| *Adjusted to reflect all pr                                       | premium level which will resu                        | • •                                   |
| *Adjusted to reflect all pr                                       | premium level which will resu<br>Berkley National Ir | nsurance Company                      |
| *Adjusted to reflect all pr                                       | premium level which will resu<br>Berkley National Ir | nsurance Company<br>me of Company     |

FORM (RF-3)

| Change in Company's premium or ra      | ate level produced by rate revision |
|--|-------------------------------------|
| effective 01/01/2014 (new and renewal) | •                                   |

| -   | (1)  | (2)<br>Annual Premium           | (3)<br>Percent                          |
|-----|--|---------------------------------|---|
|     | Coverage   | Volume (Illinois) *             | Change (+or-) **                        |
| 1.  | Automobile Liability Private Passenger                                   |                                 |   |
|     | Commercial   |                                 |   |
| 2   | Automobile Physical Damag  |                                 |   |
|     | Private Passenger  |                                 | •                                       |
|     | Commercial   |                                 |   |
| 3.  | Liability Other Than Auto  |                                 | 100000000000000000000000000000000000000 |
| 4.  | Burglary and Theft   |                                 |   |
| 5.  | Glass  |                                 |   |
| 6.  | Fidelity   |                                 |   |
| 7.  | Surety   |                                 |   |
| 3.  | Boiler and Machinery   |                                 |   |
| 9.  | Fire   |                                 |   |
| 10. | Extended Coverage  |                                 |   |
| 11. | Inland Marine  |                                 |   |
| 12. | Homeowners   |                                 |   |
| 13. | Commercial Multi-Peril   |                                 |   |
| 14. | Crop Hail  |                                 |   |
| 15. | Other Workers Compensation   | 322,934                         | -12.4%                                  |
|     | Life of Insurance  |                                 |   |
| *   | Does filing only apply to certain Classes? If so, specify: No-Appli      | in territory (territories) or o | certain                                 |
|     | Brief description of filing. (If fi Organization, specify organization): | ling follows rates of an ad     | lvisory                                 |
|     |  |                                 |   |
|     | *Adjusted to reflect all prior rat **Change in Company's preminates.     |                                 | from application of new                 |
|     |  | Berkley Regional In             |   |
|     |  |                                 | ne of Company                           |
|     |  | Sharon Coyne - Reg              |   |
|     |  | $\wedge$                        | fficial - Title                         |

# FORM (RF-3)

|     | Change in Company's premi effective 01/01/2014               | um or rate level produced t             | by rate revision   |
|-----|--|---|--|
| -   | (1)  | (2)<br>Annual Premium                   | (3)<br>Percent   |
|     | Coverage   | <ul><li>Volume (Illinois) *</li></ul>   | Change (+or-) **   |
| 1.  | Automobile Liability Private                                 |   |  |
|     | Passenger  |   |  |
|     | Commercial   |   |  |
| 2   | Automobile Physical Damag                                    |   |  |
|     | Private Passenger  |   | · · ·  |
|     | Commercial   |   |  |
| 3.  | Liability Other Than Auto                                    |   |  |
| 4.  | Burglary and Theft   | *************************************** |  |
| 5.  | Glass  |   |  |
| 6.  | Fidelity   |   |  |
| 7.  | Surety   |   |  |
| 8.  | Boiler and Machinery   |   |  |
| 9.  | Fire   |   |  |
| 10. | Extended Coverage  |   |  |
| 11. | Inland Marine  |   |  |
| 12. | Homeowners   |   | The state of the s |
| 13. | Commercial Multi-Peril                                       |   |  |
| 14. | Crop Hail  |   |  |
| 15. | Other Workers' Compensation                                  | 10807529                                | -5.8%  |
|     | Life of Insurance  |   |  |
| *   | Does filing only apply to cert Classes? If so,               | ain territory (territories) or o        | certain  |
|     | specify: No No   |   |  |
|     | Brief description of filing. (If                             | filing follows rates of an ad           | visory   |
|     | Organization, specify  |   |  |
|     | organization):   |   | state Insurance Company is adopting  |
|     | the loss costs and miscellaneous value                       | es promulgated by NCCI and approve      | ed by the Illinois Department of   |
|     | Insurance for policies incepting after 01/0                  |   |  |
|     | *Adjusted to reflect all prior r  **Change in Company's prer |   | from application of new  |
|     | rates.   | Daylohira Hathaway                      | . Hamaatata Inguranaa Caasaa   |
|     |  |   | Homestate Insurance Company  |
|     |  |   | ne of Company  |
|     |  | Keith Engelbrecht, A                    | <del></del>  |
|     |  | O                                       | fficial – Title  |

## FORM (RF-3)

#### **SUMMARY SHEET**

| (1)                                       | (2)<br>Annual Premium                  | (3)<br>Percent          |
|---|--|-------------------------|
| Coverage                                  | Volume (Illinois) *                    | Change (+or-) **        |
| Automobile Liability Pri                  | vate                                   |                         |
| Passenger                                 |  | <del></del>             |
| Commercial                                |  |                         |
| Automobile Physical Da                    | amag                                   |                         |
| Private Passenger                         |  | <del></del>             |
| Commercial                                |  |                         |
| Liability Other Than Aut                  | 0                                      |                         |
| Burglary and Theft                        |  |                         |
| Glass                                     |  |                         |
| Fidelity                                  |  |                         |
| Surety                                    | M.C                                    |                         |
| Boiler and Machinery                      |  |                         |
| Fire                                      |  |                         |
| Extended Coverage                         |  |                         |
| Inland Marine                             |  |                         |
| Homeowners                                |  |                         |
| Commercial Multi-Peril                    |  |                         |
| Crop Hail                                 | *****                                  |                         |
| Other Workers Compensation                | 2,411,076                              | 0%                      |
| Life of Insurance                         | 9                                      |                         |
| Does filing only apply to Classes? If so, | o certain territory (territories) or o | certain                 |
| specify:                                  | No                                     |                         |
|   | g. (If filing follows rates of an ad   | visory                  |
| Organization, specify organization):      |  |                         |
|   |  |                         |
| *Adjusted to reflect all p                |  | for an analysis of      |
| rates.                                    | s premium level which will result      | from application of nev |
|   |  | Insurance Company       |
|   |  | ie of Company           |
|   | Larry Jackson, AVP                     | Research & Development  |

Official - Title

# FORM (RF-3)

| Change in Company's premium or ra  | te level produced by rate revision |
|------------------------------------|------------------------------------|
| effective 01/01/14 new and renewal |                                    |

|         | CITCCITAC OTTO 1714 HEW did removal   | <del></del> •                                |                              |  |  |
|---------|---|--|------------------------------|--|--|
| -       | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or-) ** |  |  |
| 1.      | Automobile Liability Private  | volume (minors)                              | - Change (+or-)              |  |  |
| ١.      | Passenger   |  |                              |  |  |
|         | Commercial  |  |                              |  |  |
| 2       |   |  |                              |  |  |
| _       | Automobile Physical Damag   |  | •                            |  |  |
|         | Private Passenger   |  |                              |  |  |
| 3.      | Commercial  |  |                              |  |  |
|         | Liability Other Than Auto   |  |                              |  |  |
| 1.<br>- | Burglary and Theft  |  |                              |  |  |
| 5.<br>2 | Glass   |  |                              |  |  |
| 3.<br>7 | Fidelity  |  |                              |  |  |
| 7.      | Surety  | <del></del>                                  |                              |  |  |
| 3.      | Boiler and Machinery  |  |                              |  |  |
| €.      | Fire  |  |                              |  |  |
| 10.     | Extended Coverage   |  |                              |  |  |
| 11.     | Inland Marine   |  |                              |  |  |
| 2.      | Homeowners  |  |                              |  |  |
| 13.     | Commercial Multi-Peril  |  |                              |  |  |
| 4.      | Crop Hail   |  |                              |  |  |
| 5.      | Other Workers Compensation  Life of Insurance   | \$1,823,391                                  | -4.5%                        |  |  |
|         | Life of insurance   |  |                              |  |  |
| •       | Does filing only apply to certa Classes? If so,   | in territory (territories) or                | rcertain                     |  |  |
|         | specify: NO   |  |                              |  |  |
|         | Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):  Adopting NCCI Circular IL-2013-06  Illinois-Voluntary Market-Approval of Advisory Rates, Loss Costs, and Rating Values Effective January 1, 2014 |  |                              |  |  |
|         |   |  |                              |  |  |
|         | *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  |  |                              |  |  |
|         |   | Capitol Indemnity                            | Corporation                  |  |  |
|         |   |  | me of Company                |  |  |
|         |   |  | enior Product Analyst        |  |  |
|         |   |  | Official – Title             |  |  |

#### FORM RF-3

| Change in Company's premium or rate level produced by rate rev                    | sion effective January       | 1, 2014                                |
|---|------------------------------|--|
| (1)   | (2)                          | (3)                                    |
| Coverage  | Annual Premium               | Percent                                |
|   | Volume (Illinois)*           | Change (+ or -)**                      |
| 1. Automobile Liability   | , ,                          | - , ,                                  |
| Private Passenger   |                              |  |
| Commercial  |                              |  |
| 2. Automobile Physical Damage   |                              |  |
| Private Passenger   |                              |  |
| Commercial  |                              |  |
| 3. Liability Other than Auto  |                              |  |
| 4. Burglary and Theft   |                              |  |
| 5. Glass  |                              |  |
| 6. Fidelity   |                              |  |
| 7. Surety   |                              |  |
| 8. Boiler and Machinery   |                              |  |
| 9. Fire   |                              |  |
| 10. Extended Coverage   |                              |  |
| 11. Inland Marine   |                              |  |
| 12. Homeowners  |                              |  |
| 13. Commercial Multi-Peril  |                              |  |
| 14. Crop Hail   |                              |  |
| 15. Workers Compensation  | \$25,000,000                 | -4.5%                                  |
| 16. Other   |                              |  |
| Line of Insurance   | * · · ·                      |  |
|   |                              |  |
| Does filing only apply to certain territory (territories) or certain clas         | ses? If so, specify No       |  |
| Does liling only apply to certain territory (territories) of certain clas         | ses: 11 so, specify 140      |  |
| Dailed descriptions of filling (if filling follows rates of an advisory expansion | inetion aposify organization | m)                                     |
| Brief description of filing (if filing follows rates of an advisory organ         |                              |  |
| Adopting January 1, 2014 NCCI Voluntary rates and rating                          | values with an effective     | <u>date of January 1, 2014 without</u> |
| deviation.  |                              |  |
|   |                              |  |
| * Adjusted to reflect all prior rate changes.                                     |                              |  |
| ** Change in Company's premium level which will result from appli                 | cation of new rates.         |  |
|   |                              |  |
|   | Continenta                   | I Indemnity Company                    |
|   |                              | Name of Company                        |
|   | Joan Kluca                   | rich, Actuary_                         |
|   |                              | al — Title                             |
|   | 5111010                      |  |

## FORM RF-3

|     | (1)                             | (2)                | (3)   |
|-----|---------------------------------|--------------------|---|
|     | Coverage                        | Annual Premium     | Percent   |
|     |                                 | Volume (Illinois)* | Change ( + or - )**                               |
| 1.  | Automobile Liability            |                    |   |
|     | Private Passenger<br>Commercial | 4                  | <del>, , , , , , , , , , , , , , , , , , , </del> |
| 2.  | Automobile Physical Damage      | <del></del>        |   |
| ·   | Private Passenger<br>Commercial |                    |   |
| 3,  | Liability Other than Auto       |                    |   |
| 4.  | Burglary and Theft              |                    |   |
| 5.  | Glass                           |                    |   |
| 6.  | Fidelity                        |                    |   |
| 7.  | Surety                          |                    |   |
| 8.  | Boiler and Machinery            |                    |   |
| 9.  | Fire                            | <del></del>        |   |
| 10. | Extended Coverage               |                    |   |
| 11. | Inland Marine                   |                    | <u> </u>  |
| 12. | Homeowners                      |                    |   |
| 13. | Commercial Multi Peril          |                    |   |
| 14. | Crop Hail                       |                    |   |
| 15. | Workers Compensation            | \$ 6,224,447       | -3.41%  |
| 16. | Other                           |                    |   |

| Church Mutual Insurance Company           |   |
|---|---|
| Name of Company                           | _ |
|   |   |
| Lynn Reichelt - Director - Casualty Lines |   |
| Officer - Title                           |   |

## FORM (RF-3)

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective 01/01/2014              |                                    |

| Pa<br>Co<br>Au<br>Pri<br>Co<br>Lia<br>Bu<br>Gla<br>Fid<br>Su   | Coverage Itomobile Liability Private Issenger Itomobile Physical Damag Itomobile Physical Damag Ivate Passenger Immercial Ibility Other Than Auto Irglary and Theft Iass Idelity Irety | - Volume (Illinois)       | * _ Change (+or-) **             |
|--|--|---------------------------|----------------------------------|
| Pa<br>Co<br>Au<br>Pri<br>Co<br>Lia<br>Bu<br>Gla<br>Fid<br>Sui  | issenger ommercial itomobile Physical Damag ivate Passenger ommercial ability Other Than Auto irglary and Theft ass delity rety  |                           | •                                |
| Co<br>Au<br>Pri<br>Co<br>Lia<br>Bu<br>Gla<br>Fid<br>Sui<br>Boi | ommercial Intomobile Physical Damag Ivate Passenger Immercial Ibility Other Than Auto Irglary and Theft Iass Idelity Irety   |                           |                                  |
| Au<br>Pri<br>Co<br>Lia<br>Bu<br>Gla<br>Fid<br>Su<br>Boi        | itomobile Physical Damag<br>ivate Passenger<br>ommercial<br>ability Other Than Auto<br>orglary and Theft<br>ass<br>delity<br>rety  |                           |                                  |
| Pri<br>Co<br>Lia<br>Bu<br>Gla<br>Fid<br>Sui<br>Boi             | ivate Passenger ommercial ability Other Than Auto orglary and Theft ass delity rety  |                           |                                  |
| Co<br>Lia<br>Bu<br>Gla<br>Fid<br>Su<br>Boi                     | ommercial ability Other Than Auto arglary and Theft ass delity rety  |                           |                                  |
| Lia<br>Bu<br>Gla<br>Fid<br>Su<br>Bo                            | ability Other Than Auto<br>orglary and Theft<br>ass<br>delity<br>rety  |                           |                                  |
| Bu<br>Gla<br>Fid<br>Su<br>Boi                                  | rglary and Theft<br>ass<br>delity<br>rety  |                           |                                  |
| Gla<br>Fid<br>Sui<br>Boi<br>Fire                               | ass<br>lelity<br>rety  |                           |                                  |
| Fid<br>Sur<br>Boi<br>Fire                                      | delity<br>rety   |                           |                                  |
| Sui<br>Boi<br>Fire   | rety   |                           |                                  |
| Boi<br>Fire  |  |                           |                                  |
|  | iler and Machinery   |                           |                                  |
| 1 11 (   | •  |                           |                                  |
| Fyf  | tended Coverage  |                           |                                  |
|  | and Marine   |                           |                                  |
|  | meowners   |                           |                                  |
|  | mmercial Multi-Peril   |                           |                                  |
|  | op Hail  | <del></del>               |                                  |
|  | Per Workers Compensation   | 4,476,562                 | 0.0%                             |
| Oti  | Life of Insurance  | 4,410,002                 | 0.070                            |
|  | oes filing only apply to certa<br>asses? If so,  | ain territory (territorie | s) or certain                    |
|  | ecify: No No   |                           |                                  |
| Or   | ief description of filing. (If t<br>ganization, specify<br>ganization):  | filing follows rates of   | an advisory                      |
|  |  |                           |                                  |
| **(  | djusted to reflect all prior ra<br>Change in Company's pren<br>tes.  |                           | result from application of new   |
| rat  | les.   | Foderated Di              | ural Electric Insurance Exchange |
|  |  | i ederated Nt             | Name of Company                  |
|  |  | Chant Sent - A            | • •                              |
|  |  | Chant Sent - A            | Official – Title                 |

|          | Change in Company's prer  | nium or rate level produced b        | by rate   |
|----------|---|--------------------------------------|---|
|          | revision effective January  | 1, 2014 .                            |   |
|          | (1)   | (2)<br>Annual Premium                | (3)<br>Percent  |
|          | <u>Coverage</u>   | Volume (Illinois) *                  | <u>Change (+ or -) **</u>   |
| 1.       | Automobile Liability Private Passenger  |                                      |   |
| 2.       | Commercial Automobile Physical Damage Private Passenger   |                                      |   |
|          | Commercial  |                                      |   |
| 3.       | Liability Other Than Auto   |                                      |   |
| 4.       | Burglary and Theft  | -                                    |   |
| 5.       | Glass   |                                      |   |
| 6.       | Fidelity  |                                      |   |
| 7.       | Surety  |                                      |   |
| 8.       | Boiler and Machinery  |                                      |   |
| 9.       | Fire  |                                      |   |
| 0.       | Extended Coverage   |                                      |   |
| 1.       | Inland Marine   |                                      |   |
| 2.       | Homeowners  |                                      |   |
| <br>3.   | Commercial Multi-Peril  |                                      |   |
| 4.       | Crop Hail   |                                      |   |
| 5.       | Other Workers' Compensation   | 16,670,427                           | -6.2%   |
| ٠.       | Line of Insurance   | 10,010,121                           |   |
| )oe<br>N | es filing only apply to certain territory (to   | erritories) or certain classes? If s | so, specify:  |
|          | ef description of filing. (If filing follows r  | , ,                                  |   |
| $\sim$   | osts, and Rating Values Effective Janu  | ary 1, 2014.                         | <u>.</u> .  |
|          |   |                                      |   |
| <br>* A  | djusted to reflect all prior rate changes<br>change in Company's premium level white will result from application of new rates. | nichF                                | ederated Mutual Ins. Co.  |
| * A      | Change in Company's premium level wh  | nichF                                | ederated Mutual Ins. Co.<br>le of Company<br>S, MAAA – Assoc. Actuary |

Change in Company's premium or rate level produced by rate revision effective \_January 1, 2014 .

|              | (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois) *</u> | (3)<br>Percent<br>Change (+ or -) <u>**</u> |
|--------------|---|---|---|
|              |   |   |   |
| 1.           | Automobile Liability Private Passenger  |   |   |
| 2.           | Commercial<br>Automobile Physical Damage<br>Private Passenger                         |   |   |
|              | Commercial  |   |   |
| 3.           | Liability Other Than Auto   | a diagram of the dist                               |   |
| 4.           | Burglary and Theft  |   |   |
| 5.           | Glass   |   |   |
| 6.           | Fidelity  |   |   |
| 7.           | Surety  |   |   |
| 8.           | Boiler and Machinery  |   |   |
| 9.           | Fire  |   |   |
| 0.           | Extended Coverage   |   |   |
| 1.           | Inland Marine   |   |   |
| 2.           | Homeowners  |   |   |
| 3.           | Commercial Multi-Peril  |   | <u></u>                                     |
| 4.           | Crop Hail   |   |   |
| 5.           | Other Workers' Compensation Line of Insurance   | 2,724,775   | -6.8%                                       |
| Doc          | s filing only apply to certain territory (ter   | rritories) or certain classes? If                   | so, specify:                                |
| <br><br>Brie | f description of filing. (If filing follows radoption of approved NCCI Circular IL-20 |   | ı, specify organization):                   |
| <br>Brie     | f description of filing. (If filing follows ra  | 013-06 Illinois-Voluntary Marke                     | ı, specify organization):                   |

|                          | (1)  | (2)  | (3)  |
|--------------------------|--|--|--|
|                          | <u>Coverage</u>  | Annual Premium Volume (Illinois)*                          | Percent <u>Change (+ or -)**</u>               |
| 1.                       | Automobile Liability   |  |  |
|                          | Private Passenger  |  |  |
|                          | Commercial   |  |  |
| 2.                       | Automobile Physical Damage   |  |  |
|                          | Private Passenger  |  |  |
|                          | Commercial   |  |  |
| 3.                       | Liability Other Than Auto  |  |  |
| 4.                       | Burglary and Theft   |  |  |
| 5.                       | Glass  |  |  |
| 6.                       | Fidelity   |  |  |
| 7.                       | Surety  Railer and Machinery   | <del></del>  |  |
| 8.<br>9.                 | Boiler and Machinery Fire  |  | -  |
| 9.<br>10.                | Extended Coverage  |  |  |
| 11.                      | Inland Marine  |  |  |
| 12.                      | Homeowners   |  | <del></del>                                    |
| 13.                      | Commercial Multi-Peril   |  |  |
| 14.                      | Crop Hail  |  |  |
| 15.                      | Other Workers Compensation   | 3,225,977  | 2.7%   |
|                          | Line of Insurance  |  |  |
| n T                      |  |  |  |
| Brief o                  | description of filing. (If filing follows are filing to adopt the 1/1/2014 NCCI            |  |  |
| Brief (                  | are filing to adopt the 1/1/2014 NCCI l  |  |  |
|                          | are filing to adopt the 1/1/2014 NCCI l  |  |  |
| Brief o<br>We a<br>1.85  | are filing to adopt the 1/1/2014 NCCI left.  7.  djusted to reflect all prior rate changes | oss costs and to change our current loss                   |  |
| * A                      | djusted to reflect all prior rate changes hange in Company's premium level wh              | oss costs and to change our current loss                   |  |
| * A                      | are filing to adopt the 1/1/2014 NCCI left.  7.  djusted to reflect all prior rate changes | oss costs and to change our current loss                   |  |
| * A                      | djusted to reflect all prior rate changes hange in Company's premium level wh              | oss costs and to change our current loss                   |  |
| 8rief (<br>We a<br>1.85' | djusted to reflect all prior rate changes hange in Company's premium level wh              | oss costs and to change our current loss                   |  |
| * A                      | djusted to reflect all prior rate changes hange in Company's premium level wh              | oss costs and to change our current loss                   |  |
| * A                      | djusted to reflect all prior rate changes hange in Company's premium level wh              | oss costs and to change our current loss  . nich will      | orists' Mutual Insurance                       |
| rief (We a               | djusted to reflect all prior rate changes hange in Company's premium level wh              | oss costs and to change our current loss  . nich will      | s cost multiplier from 1.703 to                |
| 8rief (<br>We a<br>1.85' | djusted to reflect all prior rate changes hange in Company's premium level wh              | oss costs and to change our current loss  . nich will      | orists' Mutual Insurance                       |
| * A                      | djusted to reflect all prior rate changes hange in Company's premium level wh              | oss costs and to change our current loss nich will  Flo Co | orists' Mutual Insurance mpany Name of Company |
| * A                      | djusted to reflect all prior rate changes hange in Company's premium level wh              | oss costs and to change our current loss nich will  Flo Co | orists' Mutual Insurance                       |

## ILLINOIS SUMMARY SHEET FORM RF-3

| Cha       | inge in Company's premium or rate level produced by  | y rate revision effective                   | January 1, 2014                     |
|-----------|--|---|-------------------------------------|
|           | (1)<br>Coverage  | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
| 4         | _  | volunte (minois)                            | Change (* or )                      |
| 1.        | Automobile Liability   |   |                                     |
|           | Private Passenger  |   |                                     |
|           | Commercial   |   |                                     |
| 2.        | Automobile Physical Damage   |   |                                     |
|           | Private Passenger  |   |                                     |
|           | Commercial   |   | -                                   |
| 3.        | Liability Other than Auto  |   |                                     |
| 4.        | Burglary and Theft   |   |                                     |
| 5.        | Glass  |   |                                     |
| 6.        | Fidelity   |   |                                     |
| 7.        | Surety   |   |                                     |
| 7 .<br>8. | Boiler and Machinery   | •   |                                     |
| 9.        | Fire   |   |                                     |
| 10.       | Extended Coverage  |   |                                     |
| 11.       | Inland Marine  |   |                                     |
| 12.       | Homeowners   |   |                                     |
| 13.       | Commercial Multi-Peril   |   |                                     |
|           |  |   |                                     |
| 14.       | Crop Hail  | 8,010,684                                   | -2.1                                |
| 15.       | Workers Compensation   | 8,010,004                                   | -2.1                                |
| 16.       | Other<br>Line of Insurance   |   |                                     |
|           | Ellie of modratios   |   |                                     |
| _         |  |   |                                     |
| Doe       | s filing only apply to certain territory (territories) or ce   | ertain classes? If so, specify              |                                     |
|           | f land the state of the state o |   | -ti) Filing for adoption of         |
|           | f description of filing (if filing follows rates of an advis   |   |                                     |
| NCC       | I Advisory Rates approved under NCCI Circular IL-20  | 013-06 with deviation, to be effec          | tive January 1, 2014.               |
| Revi      | sion of Miscellaneous Values - Premium Determination   | on for Partners and Sole Propriet           | ors.                                |
|           |  |   |                                     |
| *         | Adjusted to reflect all prior rate changes.  |   |                                     |
| **        | change in Company's premium level which will resu  | ult from application of now rates           |                                     |
|           | change in Company's premium level which will resu  | in from application of new rates.           |                                     |
|           |  | Great West Casu                             | alty Company                        |
|           | -  | Name of C                                   |                                     |
|           |  |   |                                     |
|           |  | Janice L. Hohen                             |                                     |
|           | -  | Actuarial A                                 |                                     |

## FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective HDI-Gerling America Insurance Company.

| -         | (1)   | (2)<br>Annual Premium                 | (3)<br>Percent                   |
|-----------|---|---------------------------------------|----------------------------------|
|           | Coverage  | - Volume (Illinois) *                 | _ Change (+or-) **               |
| 1.        | Automobile Liability Private  |                                       |                                  |
|           | Passenger   |                                       |                                  |
|           | Commercial  |                                       |                                  |
| 2         | Automobile Physical Damag   |                                       |                                  |
|           | Private Passenger   |                                       | •                                |
|           | Commercial  |                                       |                                  |
| 3.        | Liability Other Than Auto   |                                       |                                  |
| 1.        | Burglary and Theft  |                                       |                                  |
| 5.        | Glass   |                                       |                                  |
| 3.        | Fidelity  |                                       |                                  |
| 7.        | Surety  |                                       |                                  |
| 3.        | Boiler and Machinery  |                                       |                                  |
| ).<br>}.  | Fire  |                                       |                                  |
| ).<br> 0. |   |                                       |                                  |
|           | Extended Coverage   |                                       |                                  |
| 1.        | Inland Marine   |                                       |                                  |
| 2.        | Homeowners  |                                       |                                  |
| 3.        | Commercial Multi-Peril  |                                       |                                  |
| 4.        | Crop Hail   |                                       |                                  |
| 5.        | Other Workers Compensation  | \$23,772                              | -5.8%                            |
|           | Life of Insurance   |                                       |                                  |
| *         | Does filing only apply to certa Classes? If so.                               | ain territory (territories) or        | certain                          |
|           | specify: No   |                                       |                                  |
|           | specify.  |                                       |                                  |
|           | Brief description of filing. (If f<br>Organization, specify<br>organization): |                                       | dvisory                          |
|           |   |                                       |                                  |
|           |   | · · · · · · · · · · · · · · · · · · · |                                  |
|           | *Adjusted to reflect all prior ra<br>**Change in Company's premates.          |                                       | t from application of new        |
|           | 14165.  | HDI Carling Americ                    | ca Insurance Company             |
|           |   |                                       |                                  |
|           |   |                                       | me of Company President IRC, LLC |
|           |   |                                       |                                  |
|           |   |                                       | Official – Title                 |

# **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's premium or rate lev                   | el produced by rate revision effective   | 1/1/2014                                      |
|---|--|---|
| (1)<br><u>Coverage</u>                                    | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>   | (3)<br>Percent<br><u>Change (+ or -)**</u>    |
| Automobile Liability Private                              |  |   |
| Passenger Commercial                                      |  |   |
| 2. Automobile Physical Damage                             |  |   |
| Private Passenger Commercial _                            |  |   |
| 3. Liability Other Than Auto                              |  |   |
| 4. Burglary and Theft                                     |  |   |
| 5. Glass  |  |   |
| 6. Fidelity   |  |   |
| 7. Surety _   |  |   |
| 8. Boiler and Machinery                                   |  |   |
| 9. Fire   |  |   |
| 10. Extended Coverage                                     |  |   |
| 11. Inland Marine   |  |   |
| 12. Homeowners  |  |   |
| 13. Commercial Multi-Peril                                |  |   |
| 14. Crop Hail   | 010.110  | 2.40/   |
| 15. Other Workers Compensation Line of Insurance          | 242,113  | -3.1%   |
| Does filing only apply to certain territory (te           | erritories) or certain classes? If so, specify   | ": <u>no</u>                                  |
| Brief description of filing. (If filing follows rafiling. |  | rganization): <u>NCCI loss costs adoption</u> |
|   |  |   |
|   |  |   |
| *Adjusted to reflect all prior rate changes.              | to the court of th | _   |
| **Change in Company's premium level wh                    | ich will result from application of new rate   | S.  |
|   | Imporiu  | em Ingurance Company                          |
|   | <u> </u>   | ım İnsurance Company Name of Company          |
|   |  | ramo or company                               |
|   | K  | rby Hill, President                           |
|   |  | Official – Title                              |
|   |  |   |

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective 03/1/2014.

| (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or –)** |
|---|---|-------------------------------------|
| 1. Automobile Liability   | , ,   |                                     |
| Private Passenger   |   |                                     |
| Commercial  |   | <del></del>                         |
| 2. Automobile Physical Damage   |   |                                     |
| Private Passenger   |   |                                     |
| Commercial  |   |                                     |
| 3. Liability Other than Auto  |   |                                     |
| 4. Burglary and Theft   |   |                                     |
| 5. Glass  |   |                                     |
| 6. Fidelity   |   |                                     |
| 7. Surety   |   |                                     |
| 8. Boiler and Machinery   |   |                                     |
| 9. Fire   |   |                                     |
| 10. Extended Coverage   |   |                                     |
| 11. Inland Marine   |   |                                     |
| 12. Homeowners  |   |                                     |
| 13. Commercial Multi-Peril  |   |                                     |
| 14. Crop Hail   |   |                                     |
| 15. Workers Compensation  | \$ 224,589,322                              | -4.1%                               |
| 16. Other   |   |                                     |
| Line of Insurance   |   |                                     |
| Does filing only apply to certain territory (territories) or certain class<br>Brief description of filing (if filing follows rates of an advisory organical (Adopt 1/1/14 Advisory Rates) |   | ion) See Filing Memorandum;         |
|   |   |                                     |
|   |   |                                     |

INDEMNITY INSURANCE COMPANY of N. AMERICA Name of Company

John Fogleboch – WC Compliance Analyst
Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

# FORM (RF-3)

|   | (1)<br>Coverage  | (2) Annual Premium Volume (Illinois) *   | (3)<br>Percent<br>Change (+or-) **  |
|---|--|--|---|
| - | Automobile Liability Private   | voidine (minora)   | Onlinge ( Tot )   |
|   | Passenger  |  |   |
|   | Commercial   |  |   |
|   | Automobile Physical Damag  |  |   |
|   | Private Passenger  |  |   |
|   | Commercial   |  |   |
|   | Liability Other Than Auto  |  |   |
|   | Burglary and Theft   |  |   |
|   | Glass  |  |   |
|   | Fidelity   |  |   |
|   | Surety   |  |   |
|   | Boiler and Machinery   |  |   |
|   | Fire   |  |   |
|   | Extended Coverage  |  |   |
|   | Inland Marine  |  |   |
|   | Homeowners   |  |   |
|   | Commercial Multi-Peril   |  |   |
|   | Crop Hail  |  |   |
|   | Other Workers Compensation   | 2,822,826  | -4.1%   |
|   | Line of Insurance  |  |   |
|   | Does filing only apply to certa Classes? If so,  | ain territory (territories) or o   | certain   |
|   | •  |  |   |
|   | specify: N/A   |  |   |
|   | specify: N/A   |  |   |
|   | Brief description of filing. (If f   | filing follows rates of an ad  | lvisory   |
|   |  | filing follows rates of an ad  | lvisory   |
|   | Brief description of filing. (If f   | •  |   |
|   | Brief description of filing. (If the Organization, specify   | Adoption of NCCI's Pure Pr   | remiums effective 1/1/2014. We a  |
|   | Brief description of filing. (If f<br>Organization, specify<br>organization):  | Adoption of NCCI's Pure Pr   | remiums effective 1/1/2014. We a  |
|   | Brief description of filing. (If for Organization, specify organization):  adopting a revised multiplier of 1.922. To the specify and the second seco | Adoption of NCCI's Pure Pr<br>he implied rate change from 1/1/13 ate changes.  | remiums effective 1/1/2014. We a rates to 1/1/14 rates is -4.1%.  |
|   | Brief description of filing. (If for Organization, specify organization):  adopting a revised multiplier of 1.922. To *Adjusted to reflect all prior research.   | Adoption of NCCI's Pure Pr<br>he implied rate change from 1/1/13 o<br>ate changes.<br>nium level which will result                 | remiums effective 1/1/2014. We a<br>rates to 1/1/14 rates is -4.1%.   |
|   | Brief description of filing. (If for Organization, specify organization):  adopting a revised multiplier of 1.922. To the specify and the second seco | Adoption of NCCI's Pure Pr<br>he implied rate change from 1/1/13 ate changes.<br>nium level which will result<br>Lumbermen's Unde  | remiums effective 1/1/2014. We a rates to 1/1/14 rates is -4.1%.  from application of new rwriting Alliance |
|   | Brief description of filing. (If for Organization, specify organization):  adopting a revised multiplier of 1.922. To the specify and the second seco | Adoption of NCCI's Pure Printer implied rate change from 1/1/13 ate changes.  Inium level which will result Lumbermen's Under Name | remiums effective 1/1/2014. We a<br>rates to 1/1/14 rates is -4.1%.   |

# **ILLINOIS DEPARTMENT OF INSURANCE**

| Change in Company's-premium or rate-le  | vel produced by rate revision effective   | 1/1/2014                                   |
|---|---|--|
| (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u>  | (3)<br>Percent<br><u>Change (+ or -)**</u> |
| Automobile Liability Private  | •   |  |
| Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial   |   |  |
| 3. Liability Other Than Auto  |   |  |
| 4. Burglary and Theft   |   |  |
| 5. Glass  |   |  |
| 6. Fidelity   |   |  |
| 7. Surety   |   |  |
| 8. Boiler and Machinery   |   |  |
| 9. Fire   |   |  |
| 10. Extended Coverage   |   |  |
| 11. Inland Marine   |   |  |
| 12. Homeowners  |   |  |
| 13. Commercial Multi-Peril  |   |  |
| 14. Crop Hail   |   |  |
| 15. Other Workers' Compensation Line of Insurance                                 | 633,992   | -0.3%                                      |
|   | territories) or certain classes? If so, specify   |  |
|   | ws rates of an advisory organization, spe<br>2014, as detailed in Circular No. IL-2013-03 |  |
|   |   |  |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | hich will result from application of new rate   | s.   |
|   | Marke   | I Insurance Company                        |
|   | IVIGITAC  | Name of Company                            |
|   |   |  |
|   | Lynn DeMoura - F  | Regulatory Compliance Supervisor           |
|   |   | Official – Title                           |

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Cha          | inge in Company's premium or rate le  | evel produced by rate revision effective   | January 1, 2014                         |
|--------------|---|--|---|
|              | (1)<br>Coverage   | (2)<br>Annual Premium<br>Volume (Illinois)*  | (3)<br>Percent<br>Change (+ or -)**     |
|              | Coverage  | Volume (minois)  | Shange (* e. )                          |
| 1.           | Automobile Liability Private  |  |   |
|              | Passenger Commercial  |  |   |
| 2.           | Automobile Physical Damage  |  |   |
| _            | Private Passenger Commercial  |  |   |
|              | Liability Other Than Auto   |  |   |
|              | Burglary and Theft  |  |   |
|              | Glass   |  |   |
|              | Fidelity<br>Surety  |  |   |
|              | Boiler and Machinery  |  |   |
| 9.           |   |  |   |
|              | Extended Coverage   |  |   |
|              | Inland Marine   |  |   |
| 12.          | Homeowners  |  |   |
|              | Commercial Multi-Peril  |  |   |
|              | Crop Hail   |  |   |
| 15.          | Other Workers' Compensation Line of Insurance                                 | \$438,183  | -1.972                                  |
| ado<br>our   | oting the change made by NCCI in Cown book of business.                       | r (territories) or certain classes? If so, specificular IL-2013-06. The rate decrease shows a rates of an advisory organization, specify | wn above is the overall rate impact for |
| volu         | ntary rates. Our only deviation is u  | nchanged from all prior rate filings - our m   | aximum minimum premium is filed at      |
| \$750        | 0 instead of NCCI's \$1,000. Please   | see the attached manual exception page w   | hich reflects this deviation and shows  |
| the          | <u>premium algorithm we filed for years</u>                                   | 2006-2013. We have also attached our exi   | sting schedule rating plan without any  |
| <u>char</u>  | nges for your reference. We are also  | updating our large deductible credit factor  | s to reflect NCCI's current excess loss |
| and          | allocated expense factors and currer  | nt company expenses.   |   |
|              |   |  |   |
|              |   |  |   |
| *Adj<br>**Ch | usted to reflect all prior rate changes<br>nange in Company's premium level w | hich will result from application of new rates   | 3.                                      |
|              |   | NAENAIA  | C Indemnity Company                     |
|              |   | IVIEIVIIV  | Name of Company                         |
|              |   |  |   |
|              |   | Jeannine Reu   | illard, Sr Compliance Analyst           |
|              |   |  | Official - Title                        |

## FORM (RF-3)

| Change in Company's premium or ra | te level produced by rate revision |
|-----------------------------------|------------------------------------|
| effective January 1, 2014         | _•                                 |

| -<br>- | (1) Coverage  | (2)<br>Annual Premium<br>Volume (Illinois) * | (3) Percent Change (+or-) ** |
|--------|---|--|------------------------------|
| ١.     | Automobile Liability Private  | Volumo (minoro)                              | 3.13                         |
| ١.     | Passenger   |  |                              |
|        | Commercial  |  |                              |
| 2      | Automobile Physical Damag   |  |                              |
| -      | Private Passenger   |  | •<br>—                       |
|        | Commercial  |  |                              |
| 3.     | Liability Other Than Auto   |  |                              |
| 4.     | Burglary and Theft  |  |                              |
| 5.     | Glass   |  |                              |
| 3.     | Fidelity  |  |                              |
| 7.     | Surety  |  |                              |
| 3.     | Boiler and Machinery  |  |                              |
| 9.     | Fire  |  |                              |
| 10.    | Extended Coverage   |  |                              |
| 11.    | Inland Marine   |  |                              |
| 12.    | Homeowners  |  |                              |
| 13.    | Commercial Multi-Peril  |  |                              |
| 14.    | Crop Hail   |  |                              |
| 15.    | Other Workers' Compensation   | 179,185                                      | -5.8%                        |
|        | Life of Insurance   |  | ·                            |
| •      | Does filing only apply to certa Classes? If so, specify:                  | ain territory (territories) or               | certain                      |
|        | Brief description of filing. (If the Organization, specify organization): | iling follows rates of an a                  | dvisory                      |
|        | Adopting NCCI loss cost filing effe                                       | ctive January 1, 2014                        |                              |
|        |   |  |                              |
|        | *Adjusted to reflect all prior ra **Change in Company's pren              | ate changes.<br>nium level which will resu   | ilt from application of new  |
|        | rates.  | Midweet Ruilders'                            | Casualty Mutual Company      |
| •      |   |  | me of Company                |
|        |   | Rose Kasper - Co                             |                              |
|        | ÷   |  | Official – Title             |

#### FORM RF-3

| (1)   | (2)   | (3)                         |
|---|---|-----------------------------|
| Coverage  | Annual Premium<br>Volume (Illinois)*          | Percent<br>Change (+ or –)* |
| 1. Automobile Liability   | ,   |                             |
| Private Passenger   |   |                             |
| Commercial  |   |                             |
| 2. Automobile Physical Damage   | · · · · · · · · · · · · · · · · · · ·         |                             |
| Private Passenger   |   |                             |
| Commercial  |   |                             |
| 3. Liability Other than Auto  |   |                             |
| 4. Burglary and Theft   |   |                             |
| 5. Glass  |   |                             |
| 6. Fidelity   |   |                             |
| 7. Surety   |   |                             |
| 8. Boiler and Machinery   |   |                             |
| 9. Fire   |   |                             |
| 0. Extended Coverage  |   |                             |
| 11. Inland Marine   |   |                             |
| 2. Homeowners   |   |                             |
| 3. Commercial Multi-Peril   |   |                             |
| 4. Crop Hail  |   |                             |
| 5. Workers Compensation   | \$5,397,864                                   | 0.0%                        |
| 6. Other  |   |                             |
| Line of Insurance   |   |                             |
| Line of Insurance  pes filing only apply to certain territory (territorie | s) or certain classes? If so, specify         |                             |
| ses ming only apply to certain territory (territorio                      |   | J94                         |
| <u> </u>  |   |                             |
| and the control of the control of the                                     |   | . 4! =\                     |
| ief description of filing (if filing follows rates of a                   | in advisory organization, specify organiza    | iuon)                       |
| option of NCCI Workers Compensation Loss Cost Ro                          | eference Filing Number IL-2013-03 effective 0 | 1/01/2014.                  |
|   |   |                             |

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from application of new rates.

National Interstate Insurance Company
Name of Company

Kathy Juhasz, Regulatory Compliance Spec.
Official — Title

|            | Change in Company's pre revision effective  | mium or rate level produced by rate  January 1, 2014 |                           |
|------------|---|--|---------------------------|
|            | (1)   | (2)<br>Annual Premium                                | (3)<br>Percent            |
|            | <u>Coverage</u>   | Volume (Illinois)*                                   | <u>Change ( + or -)**</u> |
| 1.         | Automobile Liability  |  |                           |
|            | Private Passenger   |  |                           |
|            | Commercial  |  |                           |
| 2.         | Automobile Physical Damage  |  |                           |
|            | Private Passenger   |  |                           |
| _          | Commercial  |  |                           |
| 3.         | Liability Other Than Auto   |  |                           |
| 4.<br>-    | Burglary and Theft  |  |                           |
| 5.<br>^    | Glass   |  |                           |
| 6.<br>7    | Fidelity  |  |                           |
| 7.         | Surety  |  |                           |
| 8.         | Boiler and Machinery  |  |                           |
| 9.         | Fire  |  |                           |
| 10.        | Extended Coverage   |  |                           |
| 11.        | Inland Marine   |  |                           |
| 12.        | Homeowners  |  | -                         |
| 13.        | Commercial Multi-Peril  |  |                           |
| 14.<br>15. | Crop Hail Other 16.0 - Workers Compens  | ation \$1,693,631                                    | -4.00%                    |
| 15.        | Line of Insurance   | <u> </u>   | -4.00 /8                  |
|            | Zino or modranos  |  |                           |
| clas:      | s Filing only apply to certain territor ses? If so, specify:  No  f description of filing. (If filing follow nization, specify organization): |  | pensation Loss Costs      |
|            |   |  |                           |
|            |   |  |                           |
|            |   |  |                           |
|            | * Adjusted to reflect all prior rate ch<br>* Change in Company's premium le<br>result from application of new rate                            | evel which will                                      |                           |
|            |   | Neve Coqualit  | ·· Compony                |
|            |   | Nova Casualt Name of C                               |                           |
|            |   | name or c  | отпрану                   |
|            |   | Varia Braza II Via                                   | - Brasidant IBC           |
|            |   | Kevin Purcell, Vice Official                         |                           |
|            |   | Official   | - IIUC                    |

## FORM (RF-3)

| Change in Company    | y's premium | or rate | level | produced | by rate | revision |
|----------------------|-------------|---------|-------|----------|---------|----------|
| effective 01/01/2014 |             | *       |       |          |         |          |

|     | (1)   | (2)                                     | (3)  |
|-----|---|---|--|
|     |   | Annual Premium                          | Percent  |
|     | Coverage  | <ul><li>Volume (Illinois) *</li></ul>   | Change (+or-) **   |
| 1.  | Automobile Liability Private  |   |  |
|     | Passenger   |   |  |
|     | Commercial  |   |  |
| 2   | Automobile Physical Damag   |   |  |
|     | Private Passenger   |   | •  |
|     | Commercial  |   |  |
| 3.  | Liability Other Than Auto   |   |  |
| 4.  | Burglary and Theft  |   |  |
| 5.  | Glass   |   | ***************************************  |
| 6.  | Fidelity  |   | ***************************************  |
| 7.  | Surety  |   |  |
| 8.  | Boiler and Machinery  |   |  |
| 9.  | Fire  |   |  |
| 10. | Extended Coverage   |   |  |
| 11. | Inland Marine   |   | THE CONTRACTOR OF THE PARTY OF  |
| 12. | Homeowners  |   | The state of the s |
| 13. | Commercial Multi-Peril  |   |  |
| 14. | Crop Hail   | *************************************** | wanter the second secon |
| 15. | Other Workers' Compensation   | 30612                                   | -5.8%  |
| ,   | Life of Insurance   |   | 4  |
| *   | Danie Ellina autoria de la careta   |   | aamaia   |
|     | Does filing only apply to certa   | ain terntory (terntones) or             | cenain   |
|     | Classes? If so,   |   |  |
|     | specify: No No  |   |  |
|     |   | 741                                     | A  |
|     | Brief description of filing. (If the second | iling follows rates of an ac            | avisory  |
|     | Organization, specify   | Oak River Insurance Comp                | nany is adopting   |
|     | organization):  |   |  |
|     | the loss costs and miscellaneous values   |   | ed by the illinois Department of   |
|     | Insurance for policies incepting after 01/01  |   |  |
|     | *Adjusted to reflect all prior ra   |   | t from application of now  |
|     | **Change in Company's pren  | num level which will resul              | t nom application of new   |
|     | rates.  | Oak River Insurance                     | e Company  |
|     |   |   | ne of Company  |
|     |   | Keith Engelbrecht, A                    | , .  |
|     |   |   | Official - Title   |
|     |   | •                                       | PRINCIPAL CONTRACTOR   |

#### SUMMARY SHEET

| Change  | in | Company's | premium | or | rate | level | produced | by | rate |
|---------|----|-----------|---------|----|------|-------|----------|----|------|
| revisio | n  | effective | Januarv | 1, | 2014 |       |          |    |      |

| (1)                               | (2)                               | (3)                       |
|-----------------------------------|-----------------------------------|---------------------------|
| <u>Coverage</u>                   | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. Automobile Liability           |                                   |                           |
| Private Passenger                 |                                   |                           |
| Commercial                        |                                   |                           |
| 2. Automobile Physical Damage     |                                   |                           |
| Private Passenger                 |                                   |                           |
| Commercial                        |                                   |                           |
| 3. Liability Other Than Auto      |                                   |                           |
| 4. Burglary and Theft             |                                   |                           |
| 5. Glass                          |                                   |                           |
| 6. Fidelity                       |                                   |                           |
| 7. Surety                         |                                   |                           |
| 8. Boiler and Machinery           |                                   |                           |
| 9. Fire                           |                                   |                           |
| 10. Extended Coverage             |                                   |                           |
| 11. Inland Marine                 |                                   |                           |
| 12. Homeowners                    |                                   |                           |
| 13. Commercial Multi-Peril        |                                   |                           |
| 14. Crop Hail                     |                                   |                           |
| 15. Other Workers Compensation    | 10,026,482                        | -5.8                      |
| Line of Insurance                 |                                   |                           |
|                                   |                                   |                           |
| Does filing only apply to certain | territory (territories)or         | certain classes?          |
| If so, specify: n/a               | (                                 |                           |
|                                   |                                   |                           |
|                                   |                                   |                           |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Old Republic Insurance Company

Adoption of NCCI IL-2013-03 Advisory Rates, Loss Costs, and Rating Values

Old Republic Insurance Company

Name of Company

Deborah J. Matthews - Manager - Regulatory Compliance
Official - Title

<sup>\*</sup> Adjusted to reflect all prior rate changes.

<sup>\*\*</sup> Change in Company's premium level which will result from application of new rates.

#### SUMMARY SHEET

| Change in Company's | premium or | rate . | ⊥eve⊥ | produced | ру | rate |  |
|---------------------|------------|--------|-------|----------|----|------|--|
| revision effective  | January 1, | 2014   |       |          |    |      |  |
| (1)                 |            |        | (2)   |          |    |      |  |
|                     |            | Annual | Dram  | ium      |    |      |  |

|     | (1)   | (2)<br>Annual Premium          | (3)<br>Percent      |
|-----|---|--------------------------------|---------------------|
|     | Coverage  | <pre>Volume (Illinois) *</pre> | Change $(+ or -)**$ |
| 1.  | Automobile Liability Private Passenger Commercial             |                                |                     |
| 2.  | Automobile Physical Damage<br>Private Passenger<br>Commercial |                                |                     |
| 3.  | Liability Other Than Auto                                     |                                |                     |
|     | Burglary and Theft  |                                |                     |
|     | Glass   |                                |                     |
| 6.  | Fidelity  |                                |                     |
| 7.  | Surety  |                                |                     |
|     | Boiler and Machinery  |                                |                     |
| 9.  | Fire  |                                |                     |
| 10. | Extended Coverage   |                                |                     |
|     | Inland Marine   |                                |                     |
| 12. | Homeowners  | -                              |                     |
| 13. | Commercial Multi-Peril  |                                |                     |
| 14. | Crop Hail   |                                |                     |
| 15. | Other Workers Compensation                                    | 19,214,607                     | -5.8                |
|     | Line of Insurance   |                                |                     |
|     | s filing only apply to certain so, specify: _n/a              | territory (territories)or      | certain classes?    |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Old Republic General Insurance Corporation Adoption of NCCI IL-2013-03 Advisory Rates, Loss Costs, and Rating Values

| Old Republic General Insurance Corporation |
|--|
| Name of Company                            |
| Deborah J. Matthews, AVP - Compliance      |
| Official - Title                           |

<sup>\*</sup> Adjusted to reflect all prior rate changes. \*\* Change in Company's premium level which will result from application of new rates.

#### **ILLINOIS SUMMARY SHEET**

#### **FORM RF-3**

Change in Company's premium or rate level produced by rate revision effective <u>03/1/2014</u>.

| (1)   | (2)<br>Annual Premium                        | (3)<br>Percent                     |
|---|--|------------------------------------|
| Coverage  | Volume (Illinois)*                           | Change (+ or –)**                  |
| 1. Automobile Liability   | •  |                                    |
| Private Passenger   |  |                                    |
| Commercial  |  |                                    |
| 2. Automobile Physical Damage   |  | <del></del>                        |
| Private Passenger   |  |                                    |
| Commercial  |  |                                    |
| 3. Liability Other than Auto  | <del></del>                                  |                                    |
| Burglary and Theft  |  |                                    |
| 5. Glass  |  |                                    |
| 6. Fidelity   |  |                                    |
| 7. Surety   |  |                                    |
| 8. Boiler and Machinery   |  |                                    |
| 9. Fire   |  |                                    |
| 10. Extended Coverage   |  |                                    |
| 11. Inland Marine   |  |                                    |
| 12. Homeowners  |  |                                    |
| 13. Commercial Multi-Peril  |  |                                    |
| 14. Crop Hail   |  |                                    |
| 15. Workers Compensation  | \$ 754,247                                   | -4.1%                              |
| 16. Other   |  |                                    |
| Line of Insurance   |  |                                    |
|   | 0.15   |                                    |
| Does filing only apply to certain territory (territories)   | or certain classes? If so, specify <u>No</u> |                                    |
|   |  |                                    |
| District of the of the of the of the original | advisary association and if carenia          | tion) See Filing Memorandum.       |
| Brief description of filing (if filing follows rates of an (Adopt 1/1/14 Advisory Rates)  | auvisory organization, specify organiza      | don) <u>See Filing Memorandum;</u> |
| (Auopt 1/1/14 Auvisory Nates)   |  |                                    |
|   |  |                                    |
|   |  |                                    |

PACIFIC EMPLOYERS INSURANCE COMPANY Name of Company

John Fogleboch - WC Compliance Analyst Official — Title

Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from application of new rates.

#### FORM (RF-3)

#### SUMMARY SHEET

|          | (1)  | (2)<br>Annual Premium   | (3)<br>Percent  |
|----------|--|---|---|
|          | Coverage   | <ul><li>Volume (Illinois) *</li></ul>   | Change (+or-) **  |
|          | Automobile Liability Private   |   |   |
|          | Passenger  |   |   |
|          | Commercial   |   |   |
|          | Automobile Physical Damag  |   |   |
|          | Private Passenger  |   |   |
|          | Commercial   |   |   |
|          | Liability Other Than Auto  |   |   |
|          | Burglary and Theft   |   |   |
|          | Glass  |   |   |
|          | Fidelity   |   |   |
|          | Surety   |   |   |
|          | Boiler and Machinery   |   |   |
|          | Fire   |   |   |
| ١.       | Extended Coverage  |   |   |
|          | Inland Marine  |   |   |
| 2.       | Homeowners   |   |   |
| <b>.</b> | Commercial Multi-Peril   |   |   |
| ١.       | Crop Hail  |   |   |
| ).       | Other Workers' Compensation  Line of Insurance   | \$8,114,397   | 2.79%   |
|          | Does filing only apply to certa Classes? If so, specify:   | ain territory (territories) or  | certain   |
|          |  |   |   |
|          | Brief description of filing (If  | filing follows rates of an a  | dvisory   |
|          | Brief description of filing. (If the Organization specify  | iling follows rates of an a   | dvisory   |
|          | Organization, specify  | •   | ·   |
|          | Organization, specify organization):   | Protective Insurance is a   | member of NCCI. As such, we wish t  |
|          | Organization, specify organization): adopt the approved advisory rates, ratin  | Protective Insurance is a   | member of NCCI. As such, we wish t  |
|          | Organization, specify organization):  adopt the approved advisory rates, ratin change.  *Adjusted to reflect all prior rates **Change in Company's pren  | Protective Insurance is a g values and item filings reference ate changes.  | member of NCCI. As such, we wish to   |
|          | Organization, specify organization):  adopt the approved advisory rates, ratin change.  *Adjusted to reflect all prior rational prior rationa | Protective Insurance is a government of the protective Insurance is a government of the protection of | member of NCCI. As such, we wish t<br>d in NCCI circular IL-2013-06 without<br>It from application of new                         |
|          | Organization, specify organization):  adopt the approved advisory rates, ratin change.  *Adjusted to reflect all prior rates **Change in Company's pren  | Protective Insurance is a g values and item filings reference ate changes.  nium level which will resurrence.  Protective Insurance.  | member of NCCI. As such, we wish to do in NCCI circular IL-2013-06 without literal from application of new see Company            |
|          | Organization, specify organization):  adopt the approved advisory rates, ratin change.  *Adjusted to reflect all prior rates **Change in Company's pren  | Protective Insurance is a g values and item filings reference ate changes.  nium level which will resurrence.  Protective Insurance.  | member of NCCI. As such, we wish to din NCCI circular IL-2013-06 without literal from application of new ce Company me of Company |

### FORM (RF-3)

#### SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2014 (new and renewal)

| -              | (1)   | (2)<br>Annual Premium           | (3)<br>Percent                          |
|----------------|---|---------------------------------|---|
|                | Coverage                                      | Volume (Illinois) *             | Change (+or-) **                        |
| 1.             | Automobile Liability Private                  |                                 |   |
|                | Passenger                                     |                                 |   |
| _              | Commercial                                    |                                 |   |
| 2              | Automobile Physical Damag                     |                                 | _                                       |
|                | Private Passenger                             |                                 | *************************************** |
| ^              | Commercial                                    |                                 |   |
| 3.             | Liability Other Than Auto                     |                                 |   |
| 4.<br>-        | Burglary and Theft                            | <u> </u>                        |   |
| 5.             | Glass   |                                 |   |
| 3.<br><b>-</b> | Fidelity                                      |                                 |   |
| 7.             | Surety  |                                 |   |
| 3.             | Boiler and Machinery                          |                                 |   |
| 9.             | Fire  |                                 |   |
| 10.            | Extended Coverage                             |                                 |   |
| 11.            | Inland Marine                                 |                                 |   |
| 12.            | Homeowners                                    | <del> </del>                    |   |
| 13.            | Commercial Multi-Peril                        |                                 |   |
| 14.<br>15.     | Crop Hail                                     |                                 |   |
| 10.            | Other Workers Compensation  Life of Insurance | 12/001                          | -4.5%                                   |
|                | Life of Hisurance                             | , _,,,,,,                       | •                                       |
| *              | Does filing only apply to certain             | in territory (territories) or ( | certain                                 |
|                | Classes? If so,                               | ,                               |   |
|                | specify: No-Appli                             | es to all WC Classes            |   |
|                |   |                                 |   |
|                | Brief description of filing. (If fi           | ling follows rates of an ac     | lvisory                                 |
|                | Organization, specify                         |                                 |   |
|                | organization):                                |                                 |   |
|                |   |                                 |   |
|                |   | ·                               |   |
|                | *Adjusted to reflect all prior ra             |                                 |   |
|                | **Change in Company's prem                    | ium level which will result     | from application of new                 |
|                | rates.  | _,                              |   |
|                |   | Riverport Insurance             |   |
|                |   |                                 | ne of Company                           |
|                |   | Sharon Coyne - Reg              |   |
|                | •   | C                               | Official - Title                        |

### FORM (RF-3)

#### SUMMARY SHEET

|      | (1)<br>Coverage  | (2) Annual Premium Volume (Illinois) *   | (3) Percent Change (+or-) **           |
|------|--|--|--|
| Aut  | omobile Liability Private                                | · Volume (minors)  | _ Change (+01-)                        |
|      | ssenger  |  |  |
|      | mmercial   |  |  |
|      |  |  |  |
|      | omobile Physical Damag<br>⁄ate Passenger                 |  |  |
|      | nmercial   |  |  |
|      |  |  |  |
|      | oility Other Than Auto                                   |  |  |
|      | glary and Theft  |  |  |
| Gla  |  | Manufig. Man | <del></del>                            |
| Fide | •  |  |  |
| Sur  | -  | -  |  |
|      | er and Machinery   |  |  |
| Fire |  | · · · · · · · · · · · · · · · · · · ·  |  |
|      | ended Coverage   |  |  |
|      | nd Marine  | THE PROPERTY OF THE PROPERTY O | ************************************** |
|      | neowners   |  |  |
|      | nmercial Multi-Peril                                     |  |  |
| ,    | p Hail   |  |  |
| Oth  | er Workers Compensation                                  | 5,424,830  | (3.27%)                                |
|      | Line of Insurance  |  |  |
| Cla  | es filing only apply to cert<br>sses? If so,<br>cify:    | ain territory (territories) or   | certain                                |
| Brie | of description of filing. (If                            | filing follows rates of an a   | dvison                                 |
|      | panization, specify                                      | iming follows rates of arra  | id visory                              |
|      | anization):  | Adoption without deviation   | n of NCCI Voluntary Advisory Rate      |
| _    | ctive 0.1/01/2014.                                       |  |  |
|      | ·  |  |  |
| *Ad  | justed to reflect all prior r<br>hange in Company's prer | ate changes.<br>nium level which will resu   | It from application of nev             |
| **C  | 18   |  |  |
|      | es.  | Rockwood Casual  | ty Insurance Company                   |
| **C  | es.  |  | ty Insurance Company<br>me of Company  |
| **C  | es.  | Na   |  |

## FORM (RF-3)

#### SUMMARY SHEET

|          | (1)<br>Coverage                   |              | (2)<br>nual Premium<br>ume (Illinois) * | (3) Percent Change (+or-) **         |
|----------|-----------------------------------|--------------|---|--------------------------------------|
| Autom    | obile Liability Private           | · VOIL       | me (minois)                             | - Change (+or-)                      |
| Passe    |                                   |              |   |                                      |
| Comm     | _                                 | <del></del>  |   |                                      |
|          | obile Physical Damag              | <del></del>  |   |                                      |
|          | e Passenger                       |              |   |                                      |
| Comm     | •                                 |              |   |                                      |
|          | y Other Than Auto                 |              |   |                                      |
|          | ry and Theft                      |              |   |                                      |
| Glass    | ry and men                        | <del></del>  |   |                                      |
| Fidelity | 1                                 |              | <u> </u>                                |                                      |
| Surety   |                                   |              |   |                                      |
| -        | and Machinery                     |              |   |                                      |
| Fire     | and Machinery                     | ***********  |   |                                      |
|          | led Coverage                      |              | •                                       |                                      |
|          | Marine                            |              |   |                                      |
| Home     |                                   |              |   |                                      |
|          | ercial Multi-Peril                |              |   |                                      |
| Crop F   |                                   |              |   |                                      |
| •        | Vorkers' Compensation             | £70.447      |   | 5.00/                                |
| Omerv    | Line of Insurance                 | \$76,447     |   | -5.9%                                |
| _        |                                   |              |   |                                      |
|          | filing only apply to cer          | tain territo | ory (territories) or                    | certain                              |
|          | es? If so,                        |              |   |                                      |
| specif   | y: <u>No</u>                      |              |   |                                      |
| Drief of | lescription of filing. (If        | filing fall  | awa rataa af an a                       | advison.                             |
|          | ization, specify                  | ming rom     | JWS Tales of all a                      | id visor y                           |
|          | zation):                          | Th           | is follows the 1-1-2014                 | loss cost filing on our behalf by NC |
| •        | efer to the NCCI circular IL-20   |              |   |                                      |
| 1 100001 | olor to the record official in 20 | 10 00.       |   |                                      |
| *Adjus   | ted to reflect all prior          | rate chan    | ges.                                    |                                      |
|          |                                   |              |   | alt from application of nev          |
| rates.   |                                   |              |   |                                      |
|          |                                   |              | SFM Mutual Insura                       | ance Company                         |
|          |                                   |              | Na                                      | me of Company                        |
|          |                                   |              | Brian R. Bent, VP 8                     | & Director of Underwriting           |
|          |                                   |              |   | Official – Title                     |

### FORM (RF-3)

#### SUMMARY SHEET

| Change in Company's premium o | rate level produced by rate revision |
|-------------------------------|--------------------------------------|
| effective January 1, 2014     | *                                    |

|   | (1)<br>Coverage   | (2) Annual Premium Volume (Illinois) * | (3) Percent Change (+or-) **           |
|---|---|--|--|
| - | Automobile Liability Private  |  | - 31131193 ( 31 /                      |
|   | Passenger   |  |  |
|   | Commercial  |  |  |
|   | Automobile Physical Damag   |  |  |
|   | Private Passenger   |  | •                                      |
|   | Commercial  |  |  |
|   | Liability Other Than Auto   |  |  |
|   | Burglary and Theft  |  |  |
|   | Glass   |  |  |
|   | Fidelity  |  |  |
|   | Surety  |  |  |
|   | Boiler and Machinery  |  |  |
|   | Fire  |  |  |
|   | Extended Coverage   |  |  |
|   | Inland Marine   |  |  |
|   | Homeowners  |  |  |
|   | Commercial Multi-Peril  |  |  |
|   | Crop Hail   |  |  |
|   | Other 16.0 - Workers Compensation   | \$5,268,831                            | -5.80%                                 |
|   | Life of Insurance   |  |  |
|   | Does filing only apply to certa Classes? If so, specify:  No              | in territory (territories) or          | certain                                |
|   | Brief description of filing. (If fi                                       | ling follows rates of an a             | dvison                                 |
|   | Organization, specify   | mig innovys rates of all a             | u visoi y                              |
|   | organization):  | Workers Compensation Ad                | loption Filing of NCCI 1/1/14 Loss Cos |
|   | o.goviizatijo,,,,   |  |  |
|   |   |  |  |
|   | *Adjusted to reflect all prior ra<br>**Change in Company's prem<br>rates. |  | It from application of new             |
|   | iales.  | Starr Indemnity & I                    | iability Company                       |
|   |   |  | me of Company                          |
|   |   |  | AS, MAAA - Assistant Actuary           |

Official - Title

#### Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| Change in Company's premium or rate level produced by rate revision effective. |   |  | 3/1/2014                                   |  |  |
|--|---|--|--|--|--|
|  | (1)<br><u>Coverage</u>  | (2)<br>Annual Premium<br><u>Volume (Illinois)*</u> | (3)<br>Percent<br><u>Change (+ or -)**</u> |  |  |
| 1.   | Automobile Liability Private Passenger Commercial                               |  |  |  |  |
| 2.   | Automobile Physical Damage Private Passenger Commercial                         |  |  |  |  |
| 3.   | Liability Other Than Auto   |  |  |  |  |
| 4.   | Burglary and Theft  |  |  |  |  |
| 5.   | Glass   |  |  |  |  |
| 6.   | Fidelity  |  |  |  |  |
| 7.   | Surety  |  |  |  |  |
| 8.   | Boiler and Machinery  |  |  |  |  |
| 9.   | Fire  |  |  |  |  |
| 10.  | Extended Coverage   |  |  |  |  |
|  | Inland Marine   |  |  |  |  |
|  | Homeowners  |  |  |  |  |
| 13.  | Commercial Multi-Peril  |  |  |  |  |
|  | Crop Hail   |  |  |  |  |
|  | Other Workers' Compensation   | \$8,778,165  | -6.70%                                     |  |  |
|  | Line of Insurance   |  |  |  |  |
| to the   | e surcharged list of Loss Cost Multipliers.                                     | erritories) or certain classes? If so, specify:    | Yes, we are adding class 8742              |  |  |
|  | • • • • •   | ates of an advisory organization, specify orga     | nization): We are adopting                 |  |  |
| the N  | ICCI loss costs IL-2013-03 effective March 1, 2                                 | 014, and revising our Loss Cost Mulitpliers.       |  |  |  |
|  |   |  |  |  |  |
|  | usted to reflect all prior rate changes.<br>nange in Company's premium level wh | nich will result from application of new rates.    |  |  |  |
|  | United Fire & Casualty  |  |  |  |  |
|  | Name of Company   |  |  |  |  |
|  |   | Allen R. Sorenser                                  | n, VP - Corporate Underwriting             |  |  |
|  |   | •  | Official – Title                           |  |  |

#### SUMMARY SHEET

|            | Change in Company's Premium or rate level produced by rate revision effective |  | 3/1/2014          |  |
|------------|---|--|-------------------|--|
|            |   |  |                   |  |
|            | (1)   | (2)<br>Annual Premium                                  | (3)<br>Percent    |  |
|            | Coverage  | Volume (Illinois)*                                     | Change (+ or -)** |  |
| 1.         | Automobile Liability  |  |                   |  |
|            | Private Passenger   |  |                   |  |
|            | Commercial  |  |                   |  |
| 2.         | Automobile Physical Damage  |  |                   |  |
|            | Private Passenger   |  |                   |  |
|            | Commercial  |  |                   |  |
| 3.         | Liability Other Than Auto   |  |                   |  |
| 4.         | Burglary and Theft  |  |                   |  |
| 5.         | Glass   |  |                   |  |
| 6.         | Fidelity  |  |                   |  |
| 7.         | Surety  |  |                   |  |
| 8.         | Boiler and Machinery  |  |                   |  |
| 9.         | Fire  |  |                   |  |
| 10.<br>11. | Extended Coverage<br>Inland Marine  |  |                   |  |
| 12.        | Homeowners  |  |                   |  |
| 13.        | Commercial Multi-Peril  |  |                   |  |
| 14.        | Crop Hail   |  |                   |  |
| 15.        | Other Workers Compensation  | 29,584,614   | 6.3%              |  |
|            | Line of Insurance   | 20/00 1/01   |                   |  |
|            |   |  |                   |  |
|            |   |  |                   |  |
| Doe        | s filing only apply to certain territory (                                    | territories) or certain classes? If so, specify:       |                   |  |
| No         |   |  |                   |  |
|            |   |  |                   |  |
|            |   |  |                   |  |
| Drie       | description of filing. (If filing follows:                                    | rates of an advisory omanization, specify organization | fion):            |  |

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

March 1, 2014 adoption of 2014 Illinois Workers Compensation rates from NCCI approved by Illinois Department of Insurance

West Bend Mutual Insurance Company Name of Company

Stephen J. Mueller, CPCU - Product Development Specialist Official - Title

H29219D

<sup>\*</sup> Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

|       | (1)  | (2)<br>Annual Premium                           | (3)<br>Percent            |  |  |
|-------|--|---|---------------------------|--|--|
|       | <u>Coverage</u>                                    | Volume (Illinois)*                              | Change (+ or -)**         |  |  |
| 1.    | Automobile Liability Private                       |   |                           |  |  |
|       | Passenger Commercial                               |   |                           |  |  |
| 2.    | Automobile Physical Damage                         |   |                           |  |  |
| _     | Private Passenger Commercial                       |   |                           |  |  |
| 3.    | Liability Other Than Auto                          |   |                           |  |  |
| 4.    | Burglary and Theft                                 |   |                           |  |  |
| 5.    | Glass  |   |                           |  |  |
| 6.    | Fidelity   |   |                           |  |  |
| 7.    | Surety   |   |                           |  |  |
| 8.    | Boiler and Machinery                               |   |                           |  |  |
| 9.    | Fire   |   |                           |  |  |
|       | Extended Coverage Inland Marine                    |   |                           |  |  |
|       | Homeowners   |   |                           |  |  |
|       | Commercial Multi-Peril                             |   |                           |  |  |
|       | Crop Hail  |   |                           |  |  |
|       | Other Workers' Compensation                        | 5,480,747                                       | -6.5%                     |  |  |
|       | Line of Insurance                                  | 0,100,1,1                                       |                           |  |  |
|       |  |   |                           |  |  |
| Doe   | es filing only apply to certain territory (t       | erritories) or certain classes? If so, specify: | N/A                       |  |  |
|       |  |   |                           |  |  |
|       |  |   |                           |  |  |
|       |  | ates of an advisory organization, specify orgar | nization):                |  |  |
| Ador  | otion of NCCI advisory loss costs and rating value | ues effective January 1, 2014                   |                           |  |  |
|       |  |   |                           |  |  |
| * ^ ~ | iveted to reflect all prior rate changes           |   |                           |  |  |
|       | justed to reflect all prior rate changes.          | nich will result from application of new rates. |                           |  |  |
| C     | nange in Company's premium level wi                | iich wiii resuit from application of new fates. |                           |  |  |
|       | Zurich American Insurance Company of Illinois      |   |                           |  |  |
|       |  |   | ne of Company             |  |  |
|       |  | , tait  | or or pany                |  |  |
|       |  | Gary E. Shook, Vice President                   | and Chief Pricing Actuary |  |  |
|       |  |   | fficial – Title           |  |  |

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

|     | (1)   | (2)<br>Annual Premium   | (3)<br>Percent            |  |  |
|-----|---|---|---------------------------|--|--|
|     | Coverage  | Volume (Illinois)*  | <u>Change (+ or -)**</u>  |  |  |
| 1.  | Automobile Liability Private  |   |                           |  |  |
|     | Passenger Commercial  |   |                           |  |  |
| 2.  | Automobile Physical Damage Private Passenger Commercial   |   |                           |  |  |
| 3.  | Liability Other Than Auto   |   |                           |  |  |
| 4.  | Burglary and Theft  |   |                           |  |  |
| 5.  | Glass   |   |                           |  |  |
| 6.  | Fidelity  |   |                           |  |  |
| 7.  | Surety  |   |                           |  |  |
| 8.  | Boiler and Machinery  |   |                           |  |  |
| 9.  | Fire  |   |                           |  |  |
| 10. | Extended Coverage   |   |                           |  |  |
| 11. | Inland Marine   |   |                           |  |  |
| 12. | Homeowners  |   |                           |  |  |
| 13. | Commercial Multi-Peril  |   |                           |  |  |
| 14. | Crop Hail   |   |                           |  |  |
| 15. | Other Workers' Compensation   | 42,126,731  |                           |  |  |
|     | Line of Insurance   | <del></del>   |                           |  |  |
| Doe | es filing only apply to certain territory (te   | erritories) or certain classes? If so, specify:                               | N/A                       |  |  |
|     | of description of filing. (If filing follows ration of NCCI advisory loss costs and rating valu | tes of an advisory organization, specify orga<br>es effective January 1, 2014 | nization):                |  |  |
| *Ad | justed to reflect all prior rate changes.   |   |                           |  |  |
|     |   | ch will result from application of new rates.                                 |                           |  |  |
|     | Zurich American Insurance Company   |   |                           |  |  |
|     |   |   | ne of Company             |  |  |
|     |   | Gary E. Shook, Vice President   | and Chief Pricing Actuary |  |  |
|     |   |   | Official – Title          |  |  |